

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BD.  
EMAIL  
2009 OCT 27 AM 11:26

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Klaes for Council

IMPORTANT: Indicate by # type of committee you are reporting for: 6  
( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party (if applicable)

Maggie Klaes

N/A

Office Sought

District (if Senate or House)

City Council - 1st Ward

N/A

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. # \_\_\_\_\_

Logged In \_\_\_\_\_

Scanned \_\_\_\_\_

Computer \_\_\_\_\_

Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a



SIGNATURE OF PERSON FILING REPORT

563-242-3553

TELEPHONE

10/26/09

DATE SIGNED

I AM FILING A October 24, 2009

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

November 3, 2009

County & Local Committees, enter County in  
which Election is held  
Clinton

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

500.00

Schedule F: Loans Received total (Attach Schedule F)

150.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

650.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

578.90

Schedule F: Loan Repayments total (Attach Schedule F)

71.10

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 71.10

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 0.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 150.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 07/03)

MONETARY  
RECEIPTS

☐ CHECK THIS BOX IF  
AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Klaes for Council

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
09/07/09	ID# CK#	Patricia Jensen 1608 - 3rd Street Camanche, IA 52730	Mother	\$50.00	<input type="checkbox"/>
09/21/09	ID# CK#	Les Shields 436 Mill Ridge Rd. Clinton, IA 52732		25.00	<input type="checkbox"/>
09/22/09	ID# CK#	Dexter Jensen 1608 - 3rd Street Camanche, IA 52730	Father	50.00	<input type="checkbox"/>
09/24/09	ID# CK#	Carolyn Grimes 530 - 30th Avenue North Clinton, IA 52732		25.00	<input type="checkbox"/>
09/26/09	ID# CK#	Stan Jensen 354 - 19th Place Clinton, IA 52732	Brother	25.00	<input type="checkbox"/>
09/26/09	ID# CK#	Unitemized contribution		10.00	<input type="checkbox"/>
09/28/09	ID# CK#	Kay Harold 1926 Highland Ct. Clinton, IA 52732		25.00	<input type="checkbox"/>
09/28/09	ID# CK#	Edith Pfeffer 931 - 2nd Avenue South Clinton, IA 52732		25.00	<input type="checkbox"/>
09/28/09	ID# CK#	Carolyn Tallett 1315 North 3rd Street Clinton, IA 52732		25.00	<input type="checkbox"/>
09/28/09	ID# CK#	Phill Barger 1631 Harrison Drive Clinton, IA 52732		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 310.00

**TOTAL (if last page of this schedule)**

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Klaes for Council

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
09/29/09	ID# CK#	Unitemized contribution		\$20.00	<input type="checkbox"/>
09/30/09	ID# CK#	Cynthia Calhoun 436 - 2nd Avenue South Clinton, IA 52732		50.00	<input type="checkbox"/>
10/05/09	ID# CK#	Bob Smith 732 - 11th Avenue South Clinton, IA 52732		50.00	<input type="checkbox"/>
10/08/09	ID# CK#	Ron Mallicoat 1104 - 2nd Avenue South Clinton, IA 52732		25.00	<input type="checkbox"/>
10/15/09	ID# CK#	Unitemized contribution		20.00	<input type="checkbox"/>
10/19/09	ID# CK#	Susan Tugana 600 - 5th Avenue South Clinton, IA 52732		25.00	<input type="checkbox"/>
	ID# CK#	End of Schedule A			<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 190.00

TOTAL (If last page of this schedule)

\$ 500.00

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(for Schedule A)

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

**B**

(Rev. 07/03)

MONETARY  
EXPENDITURES
☐ CHECK THIS BOX IF  
AMENDING FORM

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Klaes for Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/01/09	ID#  CK#	Olan Mills Studio P.O. Box 23456 Chattanooga, TN 37422-3456	Photo copyright release	\$ 24.95
10/02/09	ID#  CK#	Cynthia Calhoun 436 - 2nd Avenue South Clinton, IA 52732	Brouchure design and layout	50.00
10/08/09	ID#  CK#	Clinton Printing 1402 Roosevelt Clinton, IA 52732	Yard signs	112.35
10/09/09	ID#  CK#	Mar-Gee Plastics 216 South 4th Street Clinton, IA 52732	Name tags	48.15
10/15/09	ID#  CK#	Clinton Herald 221 - 6th Avenue South Clinton, IA 52732	Newspaper ads	134.80
10/19/09	ID#  CK#	Clinton Printing 1402 Roosevelt Clinton, IA 52732	Brochures and name tags	208.65
	ID#  CK#	End of Schedule B		
	ID#  CK#			
SUB-TOTAL				\$ 578.90
TOTAL (if last page of this schedule)				\$ 578.90

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

**RESET**

COMMITTEE NAME (Must be same as on Statement of Organization)

Klaes for Council

SCHEDULE

**F**

(Rev. 02/08)

LOANS  
RECEIVED  
& REPAYED☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
09/21/09	James Klaes 754 - 11th Avenue South Clinton, IA 52732	Spouse	\$ 150.00

TOTAL (PART I) \$ 150.00**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0.00From Schedule E - TOTAL LOANS FORGIVEN \$ 0.00TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 150.00

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(for Schedule F)